U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

· · · · · · · · · · · · · · · · · · ·		2. Fiscal Year Covered From:
		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name Richard A Stanfield		Name Sheet Meal Workers Local Union #54
Sec. of parameters years and parameters from a control of the cont	Normand Amount conjust symmetric constraints are true, aper for true line symmetric.	Labor Organization File Number 034-451.
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any
Street 2227 Old War on		Street 8397 Old Hwy 90
Street 8397 Old Hwy 90		8397 OIG HWY 90
City Orange	NANONANA MARIANA NA BERMARA NA BERMARA NA BERMARA NA BANDANA NA BANDAN	City Orange
State Texas	ZIP Code + 4 77630	State Texas ZIP Code + 4 77630
5. Position in labor organization.	Business Representative	
·	6'	
Enter appropriate data below If,	during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interests
		lusions set forth in the instructions):
A. Held an interest in, engaged i monetary value from an employ	n transactions (including loans) with, or yer whose employees your organizat	r derived income or other economic benefit of tion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.
Name		
Name	On any contractive manuscript and contractive and the angular to the angular contractive manuscript and contractive and the angular angular and the angular angular and the angular	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		7.b. Amount.
Trade Name, if any:		7.b. Amount.
P.O. Box, Bldg., Room No., if any		7.b. Amount.
P.O. Box, Bldg., Room No., if any Street City		7.b. Amount.
P.O. Box, Bldg., Room No., if any	ZIP Code + 4	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street City	ZIP Code + 4	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. submitted in this report (including	ZIP Code + 4 Sig The undersigned declares, under penalty o	nature f Perjury and other applicable penalties of the law, that all of the information laying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. submitted in this report (including	ZIP Code + 4 Sig The undersigned declares, under penalty o the information contained in any accompan	nature f Perjury and other applicable penalties of the law, that all of the information laying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any. P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. submitted in this report (including	ZIP Code + 4 Sig The undersigned declares, under penalty o the information contained in any accompan	nature f Perjury and other applicable penalties of the law, that all of the information sying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Richard Stanfield	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business /ely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sabine Area Sheet Metal Apprentice School	√
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 8397 Old Hwy 90	c. Employer
City Orange	
State Texas ZIP Code + 4 77630	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Substitute instructor
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Source—Submortal as to require a few reads as to require a few reads as to require a few reads as to read as t
	12.a. Nature of interest held or income received. 8 hours
	12.a. Nature of interest held or income received.
	12.a. Nature of interest held or income received. 8 hours 12.b. Amount. \$136
State ZIP Code + 4	12.a. Nature of interest held or income received. 8 hours 12.b. Amount. \$136
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.a. Nature of interest held or income received. 8 hours 12.b. Amount. \$136 r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. 8 hours 12.b. Amount. \$136 r parts A and B above) or other thing of value.
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